

Office Use Only

Permit # _____ Date Paid _____ Amt \$ _____ Check # _____
Received By _____ Receipt # _____

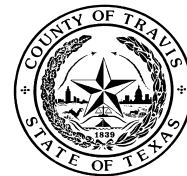


Austin/Travis County Health & Human Services Department
Public Health & Community Services Division
Environmental & Consumer Health Unit

Mailing Address: PO Box 1088 Austin, TX 78767

Phone (512) 978-0300 Fax (512) 978-0322

<http://www.ci.austin.tx.us/health/commercial.htm>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

Food & Beverage Vending Machine Operator Permit

NOTE: This application must be filled out completely. INCOMPLETE APPLICATIONS WILL DELAY PROCESSING. Application for a permit to operate does not guarantee that a permit will be granted. Permit approval is based upon compliance with State and local health ordinances. the event a permit is not issued, the permit fee may be refunded. No refunds for any reason after 180 days from receipt of payment Contact Environmental Health Services for further details regarding permit application procedures.

PERMITS ARE NON-TRANSFERABLE.

1. Company Name: _____ Phone: _____
Company Address: _____ Zip: _____
2. Owner's Name: _____ Phone: _____ Date of Birth _____
Mailing Address: _____ Zip: _____ TX DL # _____
Residence Address: _____ Zip: _____
3. Contact Person: _____ Phone: _____
4. CHECK ONE: [] Individual Firm, [] **Partnership, [] **Corporation (**See back of application.)
5. Name of establishment where machines are repaired or renovated: _____
6. Name of commissary or commissaries: _____
7. Identity and form of products to be dispensed through vending machines: _____

8. Indicate Number of Machines _____

In order to retain an operator's permit, the operator shall:

- a. Comply with the requirements of the Austin City Code and the Texas Food Establishment Rules
- b. Maintain within the jurisdiction of the Health Authority, a list of all vending machines operated within such jurisdiction and their location and of all commissaries or other establishment from which the machines are served. This information shall be available to the Health Authority upon request, and shall be kept current.

The annual permit fee is

\$110.00 for up to ten (10) machines.

\$1.00 for each machine over ten

[Example Calculation: \$100 + (# of Machines - 10) x \$.85 = Permit Fee]

All permits expire one year from date of issuance. You will be mailed an annual renewal application each year to be completed and returned with the annual permit fee. Fees should be made payable to the Austin-Travis County Health and Human Services Department (ATCHSD). Attach fee to application and mail to:

ECHU Vending Machines
PO Box 1088
Austin, Texas 78767

All of the information contained in this application is true and correct to the best of the applicant's knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the orders and ordinances of Austin, and shall be subject to all provisions of the codes and statutes and all rules adopted under the codes and statutes of the State of Texas governing food and beverage vending machines.

Signature of Applicant

Date

Food and Beverage Vending Machine Operator
Application Notes

1. Definitions:

FOOD VENDING MACHINE OPERATOR means any person, who by contract, agreement, or ownership, takes responsibility for furnishing, installing, servicing, operating, or maintaining one or more food vending machines.

VENDING MACHINE means any self-service device which, upon insertion of a coin, paper currency, token, card or key, dispenses unit servings of food, either in bulk or in packages, without the necessity of replenishing the device between each vending operation.

2. Assumed Name. Please provide a date-stamped copy of the Certificate of Assumed Name.

3. General Partnership. On a separate page please provide the name, mailing address, residential street address, and business street address for each member of the partnership. Also provide a copy of the fully executed Partnership Agreement.

4. Limited Partnership. On a separate page please provide the name, mailing address, residential street address, and business address for each member of the partnership. Also provide a date-stamped copy of the Certificate of Limited Partnership.

5. Corporation. On a separate page please provide the name, mailing address, residential street address, and business street address of each officer and director of the corporation and the name and address for service of process of the registered agent of the corporation. Also provide a date-stamped copy of the Articles of incorporation filed with the Secretary of State and a certified copy of the corporate resolution authorizing the corporation to file an application pursuant to these rules and designating the officer authorized to execute the application.